

RKS Development LLC, which was involved in the construction of the buildings, has been named as the developer for the Joplin clinic. Shull said some remodeling of the interior of the building will be required, and VA officials will "pretty quickly" begin the design phase of the project.

Despite lobbying from Mount Vernon officials to keep their clinic open, it is scheduled to close once the Springfield and Joplin sites are open. Shull said a 2011 analysis by Veterans Affairs found that the highest percentage of veterans in Southwest Missouri were living in the counties surrounding Springfield and Joplin.

"We're locating clinics where the veteran population is, so it's not necessary to have a clinic in Mount Vernon anymore," she said.

Other locations

The Veterans Health Care System of the Ozarks consists of one Veterans Health Administration facility in Fayetteville, Arkansas, as well as outpatient clinics in Fort Smith, Harrison and Ozark in Arkansas; Branson and Mount Vernon in Missouri; and Jay, Oklahoma.

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3.10 - Texas Public Radio (Audio): [How Long Are South Texas Veterans Waiting For Care?](#) (29 May, Wendy Rigby, 73k online visitors/mo; San Antonio, TX)

It's been three years since a national scandal over wait times at VA hospitals. Today at the Audie L. Murphy Memorial VA Hospital in San Antonio, hundreds of veterans are still waiting more than 30 days to see a doctor.

Data collected by National Public Radio and made available to Texas Public Radio tells the story of an increasing need for veterans care and the scramble to keep up.

In the waiting room of the Internal Medicine Clinic at San Antonio's Audie L. Murphy VA Hospital, 74-year-old Darwin Dahl sports his Purple Heart ball cap. He's waiting to meet with his new primary care doctor. Dahl spent 18 months as a machine gunner in Vietnam.

"I got shot one time from the ground," Dahl said, "I got shot in the leg."

He likes the service at the VA and compliments the doctors and nurses, who "knows what they're doing," Dahl said. But, he admits, that the wait for care is sometimes long.

"It's slow because they have so many people to deal with," Dahl remarked.

To help, Congress passed the Veterans Choice Act of 2014. It provides the option for veterans to get appointments with community doctors. That happened more than 30,000 times in South Texas.

Also, the federal government earmarked more than \$2 billion for VA hospitals around the country to hire the staff needed to cut down wait times.

For some patients, that worked. But for others, wait times in San Antonio went up in the last three years. With a big emphasis on hiring psychologists and psychiatrists, patients needing mental health care get it faster than before.

Veterans who need routine mental health appointments wait less than half the time they did two years ago. It used to take almost five days. Now it takes an average of two.

Group Practice Manager Preeti Patel said wait times for primary care appointments have also dropped from 6 days in 2014 to just over 4 days in 2017. However, wait times for specialty care – services like outpatient surgery, urology and endocrinology – went up from 4 days to 7 days.

The reason is a shortage of specialty physicians. Vacancies create a back log. Plus some specialties, like dental care, are not covered by the Choice Act.

Overall, staffing at San Antonio's VA went up 5 percent since 2014. Still, in the two years that followed, each month, an average of 29-hundred patients waited longer than 30 days to be seen. That's 5 percent of all appointments.

Chief of Human Resource Management, Jeffrey Young, says the local VA is working hard to keep up. 500 positions are open right now.

"We have been growing by leaps and bounds over where we were about three or four years ago," Young stated.

Some patients say the VA seems to be trying harder. Like former Air Force electrician Sherry Youngblood, who notes an attitude shift in the medical professionals.

"Honestly, sometimes they didn't have the right demeanor," Youngblood noted. "Now, it's not that way. It doesn't seem like I'm bothering you when I come to get care from you. People are nicer. The quality of care has gone up."

Others, like 76-year-old LeRoy Caverly, are willing to wait a little to see a VA doctor they know and trust.

"I think they're doing the best they can," Caverly said.

The Vietnam Green Beret comments that the VA seems to meet those with the greatest needs first and that's okay with him.

"There are a lot of people here that think they should get in right away," Caverly observed. "And there are people here who've been hurt a lot worse than they are, who need service first."

With younger veterans returning home from recent conflicts, and aging Korean and Vietnam War veterans needing more care, the VA will have to continue to improve access to keep up with the growing demand and avoid long wait times.

The South Texas VA has a commitment to hiring veterans to serve veterans. 43 percent of employees served in the military.

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3.11 - KNOE (CBS-8, Video): [Veterans, family walk to Shreveport in honor of Jonathon Darden](#) (30 May, Gwendolyn Ducre, 65k online visitors/mo; Monroe, LA)

Jonathon Darden was a veteran of the Iraq War and, according to his mother, a Post Traumatic Stress Disorder victim.

His body was found on I-20 near the Well Road exit in West Monroe this month. Darden's body sat alongside the interstate for nearly a week. His mother believes he took his life after battling with PTSD.

"I don't want no more veterans to pass away like this," Carla Barber said.

Local veterans agree. That's why two military support organizations, Heroes Sport and O.U.R home, are starting their first Post Traumatic Stress Journey in honor of Darden. They want to bring awareness to the disorder.

"I would like more support from the VA. Somebody has to get involved and make sure that they aren't just doping up veterans," said Trey Vocker with Hero Sports. "We're not psychiatric patients, we're someone who fought for freedom."

Darden's mother suggests getting a service dog. She says they can help sufferers cope or, in Darden's case, let family know something is wrong.

"It was all working out, but that day he didn't take angel with him, and that's weird," she said.

A service dog, Annabelle, tagged along on the journey. Her owner said he can't leave home without her.

"Dealing with my anxiety, what she'll do is jump up to my chest and start licking me in the face letting me know it's okay," said the owner.

Supporters are walking from Well Road along Hwy-80. The'll end at the Veteran's Affairs Office in Shreveport.

They expect to make it by Wednesday.

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3.12 - Big Island Now: [Sens. Hirono & Crapo Lead Effort to Fund Homeless Veteran Support Programs](#) (30 May, 57k online visitors/mo; Honolulu, HI)

Sens. Mazie Hirono (D-Hawaii) and Mike Crapo (R-Idaho) led a bipartisan group of 28 Senators, urging robust funding for the Supporting Services for Veteran Families (SSVF), Grant and Per Diem (GPD) and Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) programs for Fiscal Year 2018.

These federal programs provide critical services and housing for veterans and their families experiencing homelessness.

The Senators wrote:

"The SSVF, GPD, and HUD-VASH programs are central to federal efforts to ending veteran homelessness. These unique programs support communities across the nation providing critical services and housing for veterans and their families. As we work towards the goals of ending veteran homelessness, providing sufficient funding to the SSVF, GPD and HUD-VASH programs will allow for continued momentum and progress."

"Homeless prevention and rapid rehousing funding through the VA's SSVF program have been instrumental in supporting the veterans in our state," said U.S.VETS – Barber's Point COO Darryl Vincent. "This fiscal year alone, to date, we have served 362 veteran households and supported 85% in their transition to permanent housing. The effectiveness of this service delivery model is essential to ensuring that we continue to work towards decreasing the number of homeless veterans who are still in need of our assistance. Because of Sen. Hirono's advocacy for this program, and through community partnerships, we are hopeful that this funding will continue to impact the lives of more veterans and their families."

"In partnership with communities across the country, the GPD, SSVF and HUD-VASH programs have resourced community service provider efforts to successfully reduce veteran homelessness by nearly 50% since 2010," said Kathryn Monet, CEO of the National Coalition for Homeless Veterans. "However; there were still nearly 40,000 homeless veterans in 2016, with just over 13,000 of them unsheltered. Work remains to get every last one of them into permanent housing, a feat that would be near impossible without the dedicated support of these programs."

Sens. Hirono, Crapo, Tammy Duckworth (D-Ill.), Christopher S. Murphy (D-Conn.), Maria Cantwell (D-Wash.), Sherrod Brown (D-Ohio), Sheldon Whitehouse (D-R.I.), Tammy Baldwin (D-Wis.), Richard Durbin (D-Ill.), Gary C. Peters (D-Mich.), Al Franken (D-Minn.), Elizabeth Warren (D-Mass.), Christopher A. Coons (D-Del.), Chris Van Hollen (D-Md.), Jack Reed (D-R.I.), James E. Risch (R-Idaho), Dean Heller (R-Nev.), Jeff Merkley (D-Ore.), Robert Menendez (D-N.J.), Kirsten Gillibrand (D-N.Y.), Amy Klobuchar (D-Minn.), Martin Heinrich (D-N.M.), Cory Booker (D-N.J.), Margaret Hassan (D-N.H.), Edward Markey (D-Mass.), Bernard Sanders (I-Vt.), Thom Tillis (R-N.C.), Mark Warner (D-Va.), Catherine Cortez Masto (D-Nev.), and John Cornyn (R-Texas) urged the Senate Appropriations Subcommittee on Military Construction, Veterans Affairs and Related Agencies to continue strong funding for the SSVF, GPD and HUD-VASH programs.

According to the U.S. Department of Housing and Urban Development (HUD), since 2009, the number of homeless veterans has been reduced by about 50%. However, according to HUD's most recent Point-in-Time Count, there are currently 40,000 veterans experiencing homelessness nationwide on any given night, many of whom could benefit from services provided by these programs. Although progress has been made, having even a single veteran experiencing homelessness is one too many.

Last year, Sen. Hirono successfully passed legislation that reauthorized these programs to ensure that veterans could continue to receive uninterrupted services.

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3.13 - KODE (ABC-12, Video): [New V.A. clinic coming to Joplin](#) (30 May, Leisha Beard, 54k online visitors/mo; Joplin, MO)

The clinic will be located at 3015 South Connecticut Avenue.

The new clinic will be in conjunction with the clinic being built in Springfield. Together they will serve the Southwest region of Missouri.

By locating clinics in Joplin and Springfield, this allows the va to expand access within a 30-minute drive time to approximately 9,000 veterans.

The Gene Taylor Outpatient Clinic in Mt. Vernon will close after the Springfield and Joplin clinics are open.

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3.14 - BeyondChron: [VHA Must Not Outsource To Lenscrafters](#) (30 May, Suzanne Gordon, 38k online visitors/mo; San Francisco, CA)

"We make eyeglasses for our veterans. Last time I checked, every shopping mall in America has a place where you can get glasses in an hour. I don't care about making eyeglasses. I care about getting that veteran his prostheses."

As a 71- year-old civilian and non-veteran, I don't rely on my local veterans hospital for help with an artificial limb. But, like many, VHA patients of my generation or younger, I do need vision and hearing care. So when Trump Cabinet Secretary David Shulkin suggested recently that ' There's A LensCrafters On Every Corner that could just as effectively deliver optometry services, and that the VHA should eliminate its audiology services, ' I was well positioned to become a secret shopper who could market test this out-sourcing possibility.

So the other day, when I needed to update a backup pair of glasses with a new prescription, I didn't head down to my local optometrist but instead decided to try LensCrafters. I would get, I thought, quicker service, pay far less, and have a much better customer experience.

Turns out that there isn't a LensCrafters on "every corner" in my Richmond, California neighborhood. There isn't a single one. The closest one is located across the Richmond San Rafael bridge in an upscale shopping mall in Marin County. I called to make sure I didn't need an appointment and was assured that there would be no problem, no waits, just come on in.

With my optometrist's prescription in hand, I headed their way. Although the LensCrafters in Corte Madera is sleekly decorated, the first thing I noticed was the store's shortage of staff. One technician was trying to juggle answering the phone as well as waiting on two customers. The woman he was serving was irate because the store had screwed up an order. The technician disappeared to try to figure out what had gone wrong.

I strolled around the shop, sure that someone else would emerge from the back of the store. Someone did, but he began to serve the customer ahead of me. I sat down and waited. The technician finally came back, explaining patiently to his frustrated customer that he simply couldn't figure out what had gone wrong. She stormed out of the store, muttering curses under her breath.

When the technician was finally ready for me, it seemed to take him forever to enter all my data into the computer. So I sat down and waited some more. The phone rang and he had to answer it. More waiting. An optometrist came out of his exam room with another customer, and the "consultant" had to spend ten minutes looking up his information and processing his bill. Finally, 45 minutes later, the consultant gave me a quote for my replacement glasses. It was only fifty dollars more than the cost I had initially been quoted at my local optometrists. Thanks but no thanks, I told him. I really prefer to go local, even if I have to pay more. I can hardly imagine how they would have responded to a homeless veteran or a veteran with mental illness who would not be able to tolerate such long waits.

When I went down to the my local optometrist's, which actually is I just around the corner, the cost of my new glasses was actually a hundred dollars less than the price quoted at LensCrafters. There was no wait. The office was well with staffed two optometrists, a technician and a receptionist who was answering the phone. They had all my information, tightened my current pair of glasses, and gave me a new lens cloth and a bottle of lens cleaner for which they didn't charge. Plus they actually knew my name and my vision history.

As for outsourcing audiology, which VA leaders are also promoting, I can only say that my recent experience seeing a local, private sector ear, nose and throat (ENT) doctor was nothing like what I have observed watching veterans get audiology care in the VHA. The doctor did efficiently diagnosed my tinnitus (ringing in the ears) and hearing loss but had nothing to advise but that I grin and bear it and turn on classical music if it gets too bad. There was no discussion of the kind of special hearing aides the VHA routinely offers, no offer of tinnitus groups that could help if it got really bad and no information about the kind of risks that make tinnitus worse. On the other hand, just by observing VHA audiologists counseling their patients, I learned something that makes total sense but would never have occurred to me — that hair dryers can cause or aggravate that incessant whirl. I now use earplugs when I dry my hair, and have even convinced my local hair dresser to consider using them herself.

Although my experiences are only "anecdotal," they do raise questions about the purported greater efficiency and superiority outsourced services. Will veterans who receive these services be as disappointed as I was? Will they cost the taxpayer a whole lot more for a whole lot less? My glasses — just replacing the lenses — would have cost over \$500 at LensCrafters. They cost about \$360 at my local optometry shop. At the VA I am told glasses cost \$37. My advice to veterans is fight for what you have and to make it even better. If things go wrong at LensCrafters or the local ENT, veterans won't be able to call their congressional representatives and get swift action. Although most Americans don't realize it, that kind of accountability is only found in a government healthcare system like the VHA.

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3.15 - Northern Public Radio (Audio): [Regional VA Hospitals Adapt To Veterans Choice Program](#) (30 May, Chase Cavanaugh, 35k online visitors/mo; DeKalb, IL)

One of the key participants in the Choice Program is regional hospitals. We continue our examination of this program by talking with managers and administrators at two facilities serving veterans in northern Illinois.

The Choice Program is designed to help veterans who are trying to receive specialist care that is either too far away, or the wait time for an appointment is too long. Veterans interested in the program talk to either their primary doctors or local veteran assistance center. These people then refer the veterans to a regional VA hospital.

"If that's over 30 days or we don't offer that care, or it's over than 40 miles, then a consult is placed or they're referred to our department," says Carolina Mosely, Clinical Nurse Manager for the Office of Community Care at Edward Hines, Jr., Veterans Hospital in the Chicago suburb of Hines.

Professionals like her act as liaisons between patients and doctors but, at a national level, these arrangements go through two third-party contractors. Mosely says she guides eastern U.S. veterans to Health Net.

"We'll give them the website. They go in, they fill out the packet, and the patient can see that physician. If they choose not to do that, they can choose another physician off the providers list," she said, "and then we have our own list where we can sign that provider up also. We're creating a national, integrated set of providers."

Regional hospitals like Hines aren't allowed to create these databases on their own, which can make dealing with the contractors difficult. However, Dr. Alan Bridges, Chief of Staff at William S. Middleton Memorial Veterans Hospital in Madison, Wis., notes that Health Net and its counterpart TriWest still have a role to play.

"They set up these regions and these contracts," he said, "and that's the setup for the money exchange, the reimbursement."

Bridges says Congress didn't give much guidance to regional hospitals on how to assemble these regional offices. He also notes that lawmakers didn't allocate infrastructure funding for specific hospitals.

"The contractors, Health Net and TriWest, probably didn't have the infrastructure required to fully implement the program," he said. "In addition, they didn't have enough physicians."

To compensate, both Madison and Hines hired extra staff. Mosely explains how she set up her office at Hines.

"We hired some RNs, because I needed some nurses with varied backgrounds to be able to really, really make sure that my patients got the care they need," she said. "We hired some LPNs, and then we have administrative staff."

This makes Mosely's office about half clinical and half administrative, along with what she calls "intense case management." Hines serves Chicago and its suburbs, as well as sections of northern Illinois, so her office authorizes about 250 referrals each week.

Madison has just as wide a service area, extending into Illinois and part of Michigan's Upper Peninsula. However, Bridges said the Choice program hasn't exactly shortened veterans' wait times.

"Even though the VA may be beyond 30 days," he said, "we can often get a veteran in for care in 40 or 45 days -- which is before the private sector can get them in."

Dr. Steve Braverman, director at Hines Hospital, says veterans have caught on to this pattern.

"One of the interesting things that we've found is that, when we've offered Choice in many situations, our veterans have declined it because they prefer to get their care here even if it means a longer wait," he said.

Bridges also noted his hospital volume is higher than some regional counterparts because Wisconsin didn't expand Medicaid under the Affordable Care Act. He said VA care doesn't have monthly premiums.

"Veterans pay for an episode of care unless they're service-connected," he said. "Then they get that care for free."

It remains difficult for regional hospitals and private doctors to schedule appointments and properly share medical records. To fix this, the hospitals are "reinventing" the underlying systems at a national level. Mosely says this means changing the underlying technology.

"One of them will allow the outside providers to have access to the patients' information, like their actual chart, real time," she said.

That change is already under way, and other reforms aim to improve communication with these private doctors.

In the end, Bridges sees the Choice Program as a well-intentioned but flawed effort to get veterans the care they need. But he's still optimistic about upcoming reforms.

"As we're developing more infrastructure and getting better communication across the different program lines," he said, "I think that, going into the future, we should have a very, very good program that will allow the goals to be realized."

The U.S. Congress originally budgeted \$10 billion for the Choice Program, but it had a sunset date of August 7. However, President Donald Trump signed a law in April permitting the VA to spend the remaining funds until January 2018.

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3.16 – Northern Public Radio (Audio): [Tweaks Made To Veterans Choice, But Overhaul Remains Elusive](#) (30 May, Jenna Dooley, 35k online visitors/mo; DeKalb, IL)

Earlier this year, NPR analyzed the length of wait times for veterans to get appointments and treatment at Veterans Affairs medical facilities. Over the next few days, you will hear a Midwestern perspective on a federal program trying to improve veterans care.

Veterans Choice was established in 2014 to speed up the time it took for Veterans to get care. It came in the form of a \$16 billion influx to the department of Veterans Affairs. NPR's Quil Lawrence has been following the money to see how it was spent.

"There was a breakdown there of about \$10 billion going to what most people think of as the Choice Program," Lawrence explained. "That's \$10 billion to get vets appointments outside of the VA system."

The idea was that, for a short time, they would let veterans go outside of the system to take the pressure off the overloaded VA medical centers and overbooked VA doctors.

"There was also \$2.5 billion for hiring new doctors and nurses across the VA system," Lawrence said, "and that is most of the money that NPR followed."

The NPR analysis revealed wait times did not necessarily improve.

"There is a very complicated explanation for why," Lawrence said. "If you ask the VA, they say they saw a lot more people through Choice and they are still using outside-of-the-system doctors to see almost a third of their patients."

That was coupled with an overwhelming demand from both new veterans coming home from Iraq and Afghanistan with more complicated injuries and what Lawrence describes as "a demographic bulge of Vietnam and older veterans who are reaching an age where they need more medical care than they ever had before in their lives."

Lawrence says NPR cast a pretty wide net for those affected by the Choice program. "It wasn't too hard to find people who were involved in the process," Lawrence said. "We had 30,000 cases when we first did this investigation where veterans had gone to the Vets Choice program because they couldn't get to their local VA within 30 days."

He says that was one of the prerequisites to use the program.

"Then they would find the VA appointment they were about to have 45 days from now ended up being sooner and quicker than the Vets Choice appointment that they were making."

As a result, Lawrence says, a program that was supposed to solve the problem ended up being just as slow.

Extension Approved For Choice Program

In April, the Veterans Choice program was extended.

"There have been many tweaks to the program since it went through," Lawrence said.

He says these tweaks are often in the form of renegotiating the contract with third-party advisors. The VA went outside to hire people to do the customer service and coordination. They hired Health Net and TriWest to cover the entire country.

"They've changed their contract with those companies many times since the law passed," Lawrence said. "It seems to be working a little bit smoother now."

He says there may be some confusion about the extension; people might think of it as the government saying it was working great and they want to renew it.

The Vets Choice program was scheduled to expire in August. Lawrence says that meant veterans who needed authorization for a longer medical procedure would not have gotten it without the extension. "What they passed recently was just a stopgap funding measure to keep the people who are using Choice now going so they can keep getting treatment," Lawrence said.

Calls For Overhaul

Lawmakers on both sides of the political aisle, and at the VA, have said they want to reform Veterans Choice comprehensively. One lawmaker with a close relationship with the VA agrees changes are needed.

U.S. Senator Tammy Duckworth is an Iraq War Veteran and former Assistant Secretary of the Department of Veterans Affairs.

"I like the concept of it – I voted for the Choice program – but it's been very poorly executed," Duckworth said. "I'm here now in the Senate, working to try to fix the way the bureaucracy was set up around how to implement Choice so that it truly makes it easier for veterans – not harder."

Duckworth goes to the Hines VA for health care, but takes part in the Veterans Choice program for some of her women's health care. "For example, Hines does not have an obstetrics program. So I was referred to an outside provider for that, and I found that having the Choice program be administered out of Florida, where they don't know the local communities, the local health-care providers, made it really difficult."

"Figuring It Out As We Go"

Another criticism of the Veterans Choice program was that the benefits were not communicated very well to veterans or Veterans Affairs Commissions at the county level. These are the people who often help shepherd vets through their options or, in some cases, help find transportation for them to hospitals. They admit they've been trying to make the program work without much support. NPR's Quil Lawrence says the "workaround" mentality was seen nationwide.

"This was a system they set up in a rush. Congress gave them 90 days to set it up, it was unrealistic," Lawrence said. "There was a sense of urgency that there were veterans waiting too long and suffering. As a result, what came out was something that veterans couldn't understand very well. It hadn't been explained to them very well."

Additionally, he says doctors outside of the VA system couldn't understand it very well. "The third party administrators that the VA hired were very confusing for everyone to use; they didn't seem to understand the program very well. The VA itself didn't seem to understand the program very well. So, nobody understood it and that was a clear problem."

As we continue our series, "Veterans Choice: Making It Work," we'll hear from vets themselves, county officers tasked with supporting vets as they navigate their healthcare options, and from hospital administrators.

WNIJ's Victor Yehling contributed to this report.

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4. Women Veterans

5. Appeals Modernization

6. Strategic Partnerships

6.1 - FedScoop (Video): [Will Hurd says DOD-VA health record interoperability could set global standard](#) (30 May, 57k online visitors/mo; Washington, DC)

Rep. Will Hurd, R-Texas, believes that if the Pentagon and the Department of Veterans Affairs can reach meaningful interoperability between their electronic health records, it could set a new standard for the rest of the world.

Hurd, in a recent interview with FedScoop, describes true interoperability between the two departments as an area ripe for innovating within government.

"That could be the standard for the rest of the world," he explains. "And we can make sure we can start doing things like virtualized research cohorts, we can keep people alive longer. That's the kind of innovation government can be doing, but we're a long way away from achieving that reality."

Indeed, it's taken the two departments the better part of the past two decades to make progress so that when service members leave active duty, their health records will seamlessly travel with them as they become veterans.

"How do we get to where the private sector is, to be frank," Hurd says, explaining his definition of innovation. "Sometimes we need to raise our gaze ... to figure out how we should be providing services to our constituents that they haven't gotten."

Hurd leads the IT Subcommittee of the House Oversight and Government Reform Committee and recently penned the Modernizing Government Technology Act, which passed the House in May and now awaits movement in the Senate.

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7. Supply Chain Modernization

7.1 - Winston-Salem Journal: [IFB loses a round in legal fight over providing eyeglasses to veterans](#) (31 May, Richard Craver, 859k online visitors/mo; Winston Salem, NC)

A federal judge has ruled against IFB Solutions Inc. in its legal fight over which nonprofit group should have priority in providing eyeglasses to veterans.

However, the proposed final judgment, submitted Friday, does not prevent IFB of Winston-Salem from appealing and pursuing reconsideration of the judgment.

The legal fight involves the federal Veterans Administration as the defendant — with IFB joining as an intervenor — and PDS Consultants Inc. as the plaintiff.

The optical lab at IFB, formerly known as Winston-Salem Industries for the Blind Inc., is at the center of the fight with 52 jobs at stake — 45 filled by employees who are blind, including 43 locally, and seven filled by veterans, including three locally.

There is a possibility the local workforce could be affected as early as late summer.

Danny Kelly, IFB's chief operating officer, said Tuesday "our current understanding is this decision is not favorable, but the decision document is not yet publicly available due to a protective order."

"We are working closely with the National Industries for the Blind and sister NIB agencies. If there is a negative decision that puts jobs at risk for people who are blind, our intention is to appeal that decision, all the way to the U.S. Supreme Court if necessary."

The lab at 7730 North Point Blvd. makes eyeglasses for 34 VA facilities in five states, as well as selling eyeglasses to the public.

IFB's optical labs have served the VA since 2000. The local IFB optical lab was expanded in October 2015 at a \$1.1 million cost to better handle a new five-year supplier contract with the VA valued at \$1.7 million annually.

A bid protest was filed Aug. 25 by PDS against the federal government in the U.S. Court of Federal Claims.

PDS, based in Sparta, N.J., says it is a small business owned by a disabled service veteran. It has provided visual products to the VA since 1998.

At its essence, the legal case is about PDS' motion to require the federal government to enforce PDS' interpretation of the federal Veterans Benefits Act of 2006.

The act is considered one of the ways Congress recognizes and repays disabled veterans for their military service.

Also listed as a defendant is the independent federal agency known as the U.S. Committee for the Purchase From People Who Are Blind or Severely Disabled, also known as AbilityOne. That agency oversees the awarding of federal contracts with nonprofit agencies that train and employ people with disabilities.

PDS wants the opportunity to have priority status on AbilityOne's three optical network contracts with the VA.

The judgment would prevent the VA from entering any new eyewear contracts from the procurement lists unless it performs the "rule of two" analysis. The requirement holds that orders for visual-related products and services can be filled first by at least two small businesses owned by disabled veterans.

The caveat is that the analysis must "determine that there are not two or more qualified veteran-owned small businesses capable of performing the contracts. Such a business must meet production and distribution bidding requirements "at a fair and reasonable price that offers best value to the United States."

IFB said an injunction "would essentially shut down" the optical lab operations.

PDS cites a June 2016 ruling by the U.S. Supreme Court that reinforced — in a legal case known as *Kingdomware* — the rule of two requirement as "mandatory, not discretionary."

However, a policy memorandum issued by the VA in July 2016 does not direct VA contracting officers to give priority to veteran-owned businesses over AbilityOne products and services.

The federal government claims PDS is wrong in its assessment that Congress "intended to prioritize awards to veteran-owned businesses over any other statutory mandate for VA procurements."

Where IFB comes in is that PDS wants the federal government to review its "continued ordering" from AbilityOne for three Veterans Integrated Services networks, known by the acronym VISN.

The committee said in an Aug. 5, 2016, final rule that a fourth network would be required to use a National Industries for the Blind source as of Sept. 4, 2016.

PDS said ordering from AbilityOne violates the rule of two requirement. PDS argues "it would have a substantial chance to have received" earlier network contracts had it been allowed to bid.

One IFB contract, VISN 2, is set to expire Sept. 30.

The VISN 7 contract is set to expire July 31, but the VA has multiple options to extend the contract through Aug 1, 2021, which the VA said it will take the first option for at least 14 months.

The VA said it would conduct market research on the rule of two requirement on VISN 7 "with the goal of making a competitive award to a veteran-owned business by the expiration of the option.

The VA said it "believes its decision to exercise the first option, but begin the rule of two analysis for VISN 7 for a contract beginning after July 2018, is a reasonable approach to a timely implementation of the court's decision while minimizing the administrative impact to the VA and harm to Winston-Salem."

The proposed judgment said that “the defendants may request a suspension of any injunctive relief granted by the court’s judgment, pending an appeal decision.”

“Furthermore, the parties do not agree that the (VISN 7) plan is consistent with the spirit of the decision.”

Kelly said in November he believes “there is enough business with the VA for everyone, veteran-owned businesses, as well as AbilityOne agencies like IFB, to be successful.”

Kelly said he believes IFB’s VA contracts are not covered by the rule of two requirement because they were added to a procurement list by the AbilityOne commission under the federal Javits-Wagner-O’Day Act of 1938.

Kelly said that means its VA contracts “are considered other than competitive.”

PDS argues that the Veterans Benefits Act should hold priority over mandatory purchasing requirements in the Javits-Wagner-O’Day act.

The federal government has argued that “there is nothing in the Veterans Benefits Act to indicate that Congress sought to subordinate every statutory mandate to the VBA.”

“Instead, the act is silent, and the court should defer to the VA’s reasonable construction of the act.”

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7.2 - ExecutiveBiz: [Optum, VA Pick 3 Teams to Develop Medical Tech for Military Vets with Brain Injuries](#) (30 May, Scott Nicholas, 21k online visitors/mo; Vienna, VA)

The Department of Veterans Affairs and Optum have selected three finalists from the “Demo Day” competition of the 2nd annual Brain Trust: Pathways to InnoVAtion to pilot medical technologies that can help clinicians to prevent, diagnose or treat veterans who have experienced traumatic brain injuries.

Optum said Friday The Daptly Display, Save a Warrior and King-Devick Technologies were selected out of 15 teams who demonstrated new concepts, such as a software treatment platform and a virtual reality device, in front of a live audience and panel of judges.

“There are unbelievable opportunities to accelerate innovation to help veterans with brain injuries live healthier lives through public-private partnerships like the VA’s Brain Trust,” said Patty Horoho, CEO of Optum’s military and veterans group.

“We are honored to partner with the VA to help ensure our nation’s veterans get the quality care they need and deserve,” Horoho added.

The Brain Trust partnership convenes more than 350 participants from the federal government and the private sector with the goal to develop medical technologies and methods for the treatment of brain injuries, concussions and post-traumatic stress disorder.

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8. Other

8.1 - PBS (Video): [WATCH LIVE: Veterans Affairs Secretary Shulkin to speak at news briefing](#) (30 May, Erica R. Hendry, 23M online visitors/mo; Arlington, VA)

Secretary of Veterans Affairs David Shulkin will speak at a news briefing with reporters Wednesday in the White House.

Shulkin is expected to begin speaking at 11:30 a.m. EST Wednesday. Watch live in the player above.

The White House did not indicate what Shulkin will address. Earlier this month, Shulkin said he is considering closing more than 1,100 VA facilities nationwide, "as it develops plans to allow more veterans to receive medical care in the private sector."

On Monday, the AP reported the government was opening dozens of new investigations into possible opioid and drug theft from veterans' care facilities by VA employees.

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8.2 - The Philadelphia Inquirer: [Patient-safety advocate's widower asks that she be buried in national cemetery](#) (29 May, Valerie Russ, 11.8M online visitors/mo; Philadelphia, PA)

Amy Reed, a physician whose death last week followed a remarkably successful fight to end a once-routine medical practice that spread a cancer she didn't even know she had, died "a warrior's death," her husband and fellow activist said Monday.

Now Hooman Noorchashm hopes the Veterans Administration will allow Reed, 44, to be buried Thursday at Washington Crossing National Cemetery in Newtown, not far from their Yardley home.

But the family's request for the burial was denied Sunday by Ronald E. Walters, the Veterans Administration's interim undersecretary for memorial affairs.

Noorchashm appealed the decision to VA Secretary David Shulkin that night. "Honoring Dr. Amy Reed's valor and fall on the public health front would not diminish the heroic actions of our uniformed service members," he wrote.

Noorchashm, a cardiothoracic surgeon, said laws governing burial in national cemeteries permit interment of civilians there in certain circumstances. He said his wife's efforts to alert the the public, the medical establishment, and the Food and Drug Administration to the dangers of a surgical device known as an electric morcellator were consistent with the action of a warrior in uniform who also saves lives.

In 2013, Reed had a hysterectomy at Harvard-affiliated Brigham and Women's Hospital in Boston. Physicians used a morcellator, whose motorized blades sliced up the uterus, allowing it to be removed through a small incision. But she had an undetected uterine cancer — a rare and aggressive malignancy called leiomyosarcoma — that the device spread throughout her abdomen.

As her cancer worsened, Reed and Noorchashm began an unrelenting campaign of articles, letters, emails, and social media warning against the hazard. The FDA issued a warning about the device in 2014. The leading manufacturer of the device has abandoned it. Most hospitals have stopped using the device, which had been around for two decades.

"When a citizen of the United States acts in a way that leads to hundreds if not thousands of lives being saved and sheds the light on a public health hazard, then they deserve some form of recognition in our national monuments," Noorchashm said.

A number of civilians are buried in Arlington National Cemetery. Among them are CIA and Foreign Service officials killed while serving the country, unidentified remains of the victims of American Airlines Flight 77 killed in the 9/11 attacks, and members of Congress, cabinet secretaries, writers, and movie stars. A number of the actors and other civilians buried there were the spouses of military veterans.

So the email from Walters rejecting the burial request hit Noorchashm hard. "After giving your request careful consideration, I have decided not to designate your wife as eligible for burial in a cemetery intended to honor military service," it read.

Reed, who was an anesthesiologist and had a Ph.D., grew up in Bucks County. She and Noorchashm met as graduate students at the University of Pennsylvania 21 years ago. Both also earned medical degrees and began a family that now includes six children, ages 15, 14, 12, 10, 7, and 4.

A funeral Mass for Reed, who died Wednesday, will be celebrated at 11 a.m. Thursday, at the Cathedral Basilica of SS. Peter and Paul, 1723 Race St. The Mass will be preceded by a calling hour from 9:30 to 10:30 a.m. Visitors may also call from 4 to 8 p.m. Wednesday at the Church of St. Andrew, 81 Swamp Rd., Newtown.

In lieu of flowers, the family asked that direct contributions be made in Dr. Reed's memory to the Slay Sarcoma Research Initiative at www.slaysarcoma.com.

Noorchashm said he started thinking of ways to honor his wife's memory about a month ago. Taking the children to school every day, he would drive past the Washington Crossing cemetery, three miles from their home. Then, two days before she died, she asked him where she would be buried.

"I told her I had proposed Washington Crossing to Rep. Fitzpatrick" — U.S. Rep. Brian K. Fitzpatrick (R., Pa.), who had offered his support — "and she nodded her head," he said.

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